MetLife

## PROOF OF DEATH-STATEMENT OF DOCTOR

**DECEASED DETAILS:**

A.SURNAME:.....

B.NAME:.....MAIDEN NAME: .....

C.DATE OF BIRTH:..... AGE: .....

D.HOME ADDRESS: Address: ..... Number: .....

Town: .....Country:.....

DATE OF DEATH: ..... PLACE OF BIRTH .....

**CAUSE OF DEATH:**

A. Illness or condition that caused immediately the death (this doesn't mean the way of death such as heart failure, weakness etc. it means the illness, the injury or the complication that triggered the death)..... **Effective date of illness**

.....

..... .....

B. Previous medical reasons (if there were morbid situations that lead to the stated cause of death .....

.....

..... .....

C. Other serious conditions (that lead to death, but are irrelevant to the illness or the situation that triggered the death): .....

..... .....

**STATE IF THE CAUSE OF DEATH WAS A RESULT OF AN ACCIDENT, SUICIDE OR HOMOCIDE (Describe Briefly):**

.....

| | | | |
|---|---|---|---|
| INTERROGATION DONE? | NAI ☐ | OXI ☐ | FROM WHO WAS IT DONE AND WHAT WERE THE CONCLUSIONS? |
| AUTOPSY DONE? | NAI ☐ | OXI ☐ | |
| TOXICOLOGICAL TESTS DONE? | NAI ☐ | OXI ☐ | |

DID YOU EXAMINE THE DECEASED DURING THE LAST 5 YEARS? NAI ☐ OXI ☐

(If YES, describe in detail):

DO YOU KNOW IF THE DECEASED WAS EXAMINED BY ANY OTHER DOCTOR DURING THE LAST 5 YEARS? (If YES, describe in detail): NAI ☐ OXI ☐

FULL NAME OF DOCTOR: .....

SPECIALTY .....

ADDRESS: .....PHONE NO:.....

**As far as I know and believe the answers to above questions are full and accurate**

DATE: ..... SIGNATURE OF DOCTOR: .....

DOCTOR'S STAMP: .....

**CL 2**